



# SOLID FUEL HEATING QUESTIONNAIRE

|  |     |      |     |  |  |                     |  |
|--|-----|------|-----|--|--|---------------------|--|
| INSURANCE COMPANY  |     |      |     | POLICY / BINDER NUMBER                 |  |                     |  |
| <b>1. APPLICANT'S FULL NAME AND POSTAL ADDRESS</b>   |     |      |     | <b>2. BROKERAGE/AGENCY INFORMATION</b> |  |                     |  |
|  |     |      |     |  |  |                     |  |
|  |     |      |     |  |  |                     |  |
| CONTACT NUMBER(S)  |     |      |     | BROKER CODE                            |  | CONTACT NAME        |  |
| TYPE   | NO. | TYPE | NO. |  |  |                     |  |
| TYPE   | NO. | TYPE | NO. | PHONE NO.                              |  | FAX NO.             |  |
| PREFERRED DOCUMENT LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH |     |      |     | CONTRACT NUMBER                        |  | SUB-CONTRACT NUMBER |  |
| EMAIL ADDRESS  |     |      |     | GROUP / PROGRAM NAME                   |  | GROUP ID            |  |
| WEBSITE ADDRESS  |     |      |     | BROKER CLIENT ID                       |  | COMPANY CLIENT ID   |  |

**3. HEATING UNIT**

|  |           |      |      |   |                |   |
|--|-----------|------|------|---|----------------|---|
| PRIMARY  | AUXILIARY | YEAR | MAKE | MODEL   | CERTIFIED? Y/N | CERTIFICATION LABEL   |
|  |           |      |      |   |                | <input type="checkbox"/> CSA <input type="checkbox"/> ULC                         |
| UNIT APPROVED FOR MOBILE HOME? <input type="checkbox"/> Y <input type="checkbox"/> N |           |      |      | PHOTO REQUIRED? <input type="checkbox"/> Y <input type="checkbox"/> N |                | <input type="checkbox"/> OTL <input type="checkbox"/> WH <input type="checkbox"/> |

**HEATING UNIT TYPE**

|  |                         |                               |  |
|--|-------------------------|-------------------------------|--|
| ACORN STOVE BOX, FRANKLIN OR POT BELLY STOVE (LOOSE FITTING OR NO DOORS) | WOOD / OIL COMBINATION  | FUEL                          | NO. OF HOURS USED PER DAY                |
| COOKSTOVE  | WOOD FURNACE            |                               | NO. OF DAYS USED PER YEAR                |
| FIREPLACE INSERT   | WOOD FURNACE ADD ON     |                               | IF NOT WOOD, AMOUNT BURNED ANNUALLY (KG) |
| FIREPLACE, ZERO CLEARANCE  | WOODSTOVE, AIRTIGHT     |                               | IF WOOD, NO. OF CORDS BURNED ANNUALLY    |
| MASONRY FIREPLACE  | WOODSTOVE, NOT AIRTIGHT | FACE CORD (16"X4'X8')         |  |
| PELLET STOVE   |                         | STANDARD BUSH CORD (4'X4'X8') |  |

**4. UNIT INSTALLATION**

|              |  |
|--------------|--|
| RISK ADDRESS | WHERE IS HEATING UNIT LOCATED?   |
| INSTALLED BY | IS THE INSTALLER WETT CERTIFIED? <input type="checkbox"/> Y <input type="checkbox"/> N |
|              | WETT #   |

**5. CHIMNEY**

|                        |   |                                      |  |
|------------------------|---|--------------------------------------|--|
| <b>MASONRY CHIMNEY</b> |   | <b>METAL CHIMNEY</b>                 |  |
| TYPE                   | TYPE  | LABELLED                             |  |
| MASONRY                | FACTORY BUILT DOUBLE WALLED METAL CHIMNEY   | CANADIAN STANDARDS ASSOCIATION       |  |
| CONCRETE               | OTHER   | WARNOCK-HERSEY PROF. SERVICE LTD.    |  |
| OTHER                  | YEAR  | UNDERWRITER'S LABORATORIES OF CANADA |  |
| CONSTRUCTION           | MANUFACTURER  | S629                                 |  |
| BUILT FROM GROUND?     | INSTALLED BY  | OTHER                                |  |
| BUILT FROM FOUNDATION? | WETT CERTIFIED?   | CLEARANCE TO NEAREST COMBUSTIBLES    |  |
| CHIMNEY LINING         | WETT #  | <input type="checkbox"/> INCHES      |  |
| FLUE TILE              | IS CHIMNEY RATED FOR A CONTINUOUS FLUE GAS TEMPERATURE OF 650C / 1200F? <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> CENTIMETRES |  |
| STAINLESS STEEL        |   |                                      |  |
| OTHER                  |   |                                      |  |

**LOSS PREVENTION AND INSTALLATION FOR ALL CHIMNEY TYPES**

|   |   |
|---|---|
| CLEANING  | CHIMNEY INSTALLED                       |
| TIMES PER YEAR  | INSIDE BUILDING                         |
| BY WHOM   | OUTSIDE BUILDING IN INSULATED ENCLOSURE |
| DATE OF LAST  | OUTSIDE BUILDING                        |
| DOES UNIT SHARE A CHIMNEY FLUE? <input type="checkbox"/> Y <input type="checkbox"/> N |   |
| PROVIDE DETAILS:  |   |

**6. REMARKS**

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## 7. CLEARANCES

### IMPORTANT

THE ACTUAL CLEARANCE IS WHAT YOU MEASURE, WHEREAS THE REQUIRED DISTANCE IS THAT SPECIFIED IN THE OWNER'S MANUAL OR ON THE LABEL ATTACHED TO THE HEATING UNIT. THE MEASUREMENTS ARE IN

INCHES OR  CENTIMETRES

IS THERE A THIMBLE WHERE THE PIPE PASSES THROUGH WALL?  YES  NO

TOTAL LENGTH OF ALL STOVE PIPE (INCLUDING ELBOWS) \_\_\_\_\_

NUMBER OF ELBOWS IN STOVE PIPE? \_\_\_\_\_

CONSTRUCTION OF STOVE PIPE

- DOUBLE WALLED
- SINGLE WALLED (INCLUDING BLACK STEEL)
- GALVANIZED
- OTHER (SPECIFY) \_\_\_\_\_

CONSTRUCTION OF SIDEWALL \_\_\_\_\_

BACKWALL \_\_\_\_\_

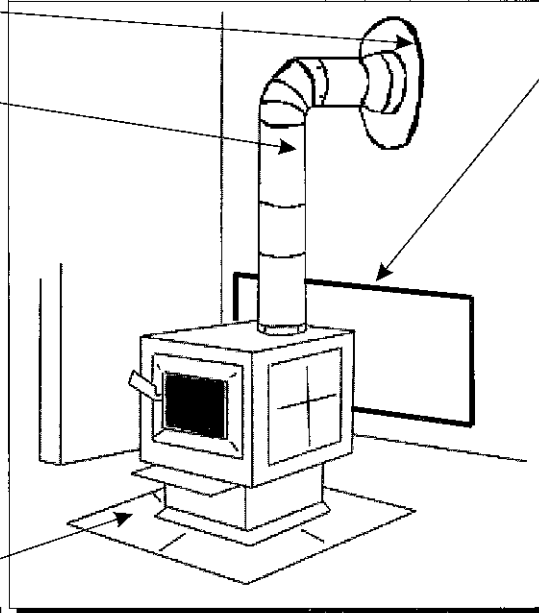
CEILING \_\_\_\_\_

DOES THE STOVE PIPE PASS THROUGH A CONCEALED SPACE/WALL?  YES  NO

DESCRIBE \_\_\_\_\_

IS THERE A NON-COMBUSTIBLE PAD?  YES  NO

SHORTEST DISTANCE OF UNIT TO FURNITURE, FUEL OR OTHER COMBUSTIBLE MATERIAL \_\_\_\_\_



\* SEE IMPORTANT MESSAGE ABOVE

ACTUAL REQUIRED

|   |                               |  |  |
|---|-------------------------------|--|--|
| SHIELD DISTANCE   | WALL TO SHIELD                |  |  |
|   | TOP OF STOVE TO TOP OF SHIELD |  |  |
|   | HEAT SHIELD TO FLOOR          |  |  |
| SHORTEST DISTANCE OF STOVE TO                               | BOTTOM OF STOVE TO FLOOR      |  |  |
|   | BACKWALL                      |  |  |
|   | SIDEWALL                      |  |  |
|   | CORNER                        |  |  |
| SHORTEST DISTANCE OF STOVE PIPE TO                          | CEILING                       |  |  |
|   | BACKWALL                      |  |  |
|   | SIDEWALL                      |  |  |
| SHORTEST DISTANCE FROM HEATING UNIT TO EDGE OF FLOOR PAD IN | CEILING                       |  |  |
|   | FRONT                         |  |  |
|   | LEFT                          |  |  |
|   | RIGHT                         |  |  |
|   | BACK                          |  |  |

TYPE OF SHIELDING:

- SHEET METAL - PERMANENTLY INSTALLED?  YES  NO
- CERAMIC TILE
- BRICK
- CONCRETE
- OTHER \_\_\_\_\_

ARE THE WALL SPACERS NON-COMBUSTIBLE?  YES  NO

IS THERE AN AIR SPACE AT TOP AND BOTTOM OF SHIELD?  YES  NO

## 8. LOSS PREVENTION

|  |   |
|--|---|
| ASHES DISPOSED OF IN A METAL CONTAINER? <input type="checkbox"/> Y <input type="checkbox"/> N  | HOW FAR IS THE FUEL STORED FROM UNIT? <input type="checkbox"/> FEET <input type="checkbox"/> METRES |
| METAL CONTAINER STORED: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE   | SMOKE DETECTOR ON THE SAME FLOOR AS UNIT? <input type="checkbox"/> Y <input type="checkbox"/> N     |
| METAL CONTAINER EQUIPPED WITH A METAL LID? <input type="checkbox"/> Y <input type="checkbox"/> N   | FIRE EXTINGUISHER IN THE AREA OF THE UNIT? <input type="checkbox"/> Y <input type="checkbox"/> N    |
| ASH CONTAINER PLACED ON A NON-FLAMMABLE SURFACE? <input type="checkbox"/> Y <input type="checkbox"/> N   | CARBON MONOXIDE DETECTOR IN THE BUILDING? <input type="checkbox"/> Y <input type="checkbox"/> N     |
| SINCE THE INSTALLATION, INCLUDING CHIMNEY, HAS UNIT BEEN INSPECTED BY SOMEONE WHO IS WETT CERTIFIED? <input type="checkbox"/> Y <input type="checkbox"/> N | IF YES, PROVIDE WETT# _____   |
| ANY MODIFICATIONS BEEN MADE TO THE HEATING UNIT OR CHIMNEY SINCE INSTALLED OR INSPECTED? <input type="checkbox"/> Y <input type="checkbox"/> N             | EXPLAIN MODIFICATION: _____   |
| HAS THERE BEEN A PREVIOUS CHIMNEY FIRE? <input type="checkbox"/> Y <input type="checkbox"/> N  | CAUSE OF FIRE: _____  |

## 9. REMARKS

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## 10. COMPLETED BY

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_